

## HOMES AND SENIORS SERVICES

### Medical Directive for Administration of the Vaccines for County of Elgin Homes Residents

<p><b>Order/Delegated Procedure:</b>          The Attending physician delegates the authority to Registered Nurses and Registered Practical Nurses to administer the influenza vaccine to County of Elgin Homes’ residents provided the conditions outlined in this directive and the product monograph(s) are met.          This medical directive is to be used in conjunction with Infection Control policy and procedure 3.4 “Immunization – Residents (Influenza, Pneumovax, Antiviral and SARS-CoV-2)</p>
<p><b>Authorized Implementers:</b>          The Registered Staff may administer the aforementioned vaccine to eligible residents according to the applicable manufacturer’s instructions after performing a health assessment, reviewing contraindications and receiving informed consent.</p>
<p><b>Recipients:</b>          Those who are eligible for vaccination based on the following:</p> <ul style="list-style-type: none"> <li>• Publicly funded immunization schedule for the province of Ontario</li> <li>• Canadian Immunization Guide recommendations</li> <li>• Public Health Ontario recommendations</li> <li>• Recommendation of the Medical Officer of Health</li> <li>• Nursing, Physician and Pharmacy Assessment</li> </ul>
<p><b>Indications:</b></p> <p>All individuals who reside at the home are eligible and recommended for the publicly funded vaccines provided they have no contraindications. The Canadian Immunization Guide states that there should be a special focus on certain high-risk groups including:</p> <ul style="list-style-type: none"> <li>• Adults 65 years of age and older</li> <li>• Individuals of any age who are residents in long term care homes or other chronic care facilities. Individuals with underlying health condition (e.g. cardiac/pulmonary disorders, renal disease, morbid obesity, diabetes and cancer or weakened immune systems. <b>Except for SARS-COV-2</b>, Individuals who are immunosuppressed due to disease or treatment or those with an autoimmune disorder must be assessed by MRP for appropriateness for resident to receive the vaccine.</li> <li>• Pregnant women</li> <li>• Individuals capable of transmitting influenza to those at high risk:             <ul style="list-style-type: none"> <li>○ Health care workers</li> <li>○ Household contacts of those at high risk</li> </ul> </li> </ul> <p>Vaccines for specific age groups will be as directed by public health and attending</p>



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**Contraindications:**

See applicable product monographs and consent form.

**Consent:**

Informed consent is obtained and documented. For SARS-CoV-2; use MOH **COVID-19 Vaccine Screening and Consent Form**

Risks and benefits of the vaccine are explained to the person.  
Education resources from the health unit or other government agencies may be given to the person (i.e. fact sheets)

**Procedure:**

1. The person is assessed to determine eligibility and suitability for vaccine administration according to the following: a) the publicly funded immunization schedule for the province of Ontario; b) National Advisory Council on Immunization recommendations; c) available vaccination records; d) a health status review with a focus on adverse vaccination events, allergies, and sensitivities, and e) vaccine indications and contraindications.
2. Informed consent is obtained and documented.
3. The vaccine is administered according to the manufacturer's instructions.
4. The person is asked to remain in the clinic waiting area for 15 minutes to ensure he/she does not experience an adverse reaction. Adverse reactions are managed according to policy and procedure for fainting and anaphylaxis.
5. Epinephrine HCL (1:1000) is immediately available should the person experience an anaphylactic reaction to any component of the vaccine.
6. The immunization is documented in the client's health record.

**Review and Quality Monitoring Guidelines:**

If there is any question that the person should NOT receive the immunization, the immunization will be held and the concerns passed on to the residents' attending physician. If the person experiences any immediate adverse effects, they will be managed according to policy. The person will be counselled regarding the signs and symptoms of delayed adverse effects and how to manage them.

**Authorizing Signatures:**

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Attending Physician

Date:

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Manager of Resident Care

Date:

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Director of Homes and Seniors Services/Administrator

Date: